

NOV. 5, 2019

**FILED**  
UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

NOV 12 2019

MITCHELL R. ELPER  
CLERK  
/mn

RICHARD REIFENSCHIED

D.M.I.

333 LOMAS BLVD. N.E. N.W.

ALBUQUERQUE, NM. 87102

19cv1057 MV/LF

DEAR MR. REIFENSCHIED:

CIBOLA CORRECTIVE STAFF IS VIOLATING MY DUE PROCESS RIGHT, AND ARE NOT FOLLOWING POLICY AT ALL. I'VE FILE GRIEVANCES, DISCIPLINARY APPEALS, AND LOST/DAMAGE STOLEN ~~PROPR~~ PROPERTY CLAIMS, AND ALL ARE WEEKS PAST DUE THE PRESCRIBE TIME FRAME, AND STAFF CAN CARE LESS. POLICY GOVERN STAFF AND ME. WHEN I CAN'T MEET THE PRESCRIBE TIME FRAME THEN MY FORMS ARE CONSIDER NULL, BUT WHEN STAFF CAN'T OR DON'T MEET THE PRESCRIBE TIME FRAME, NOTHING HAPPENS, AND THIS A DIRECT VIOLATION OF MY "DUE PROCESS RIGHTS".

I FILE GRIEVANCE NO. 2019-504-00486-G ~~§~~ ON 8-23-19 AND RECEIVED A RESPONSE 9-18-19, 36 DAYS LATER. GRIEVANCE NO. 2019-504-00565-G ON 9-18-19, 20 DAYS LATER. ACCORDING TO POLICY 14-5 STAFF HAS FOURTEEN (14) DAYS TO RESPOND.

I FILE A DISCIPLINARY APPEAL ON 9-25-19 AND RECEIVED A WRITTEN RESPONSE 10-23-19, 28 DAYS LATER, WHEN POLICY CLEARLY STATE THAT THE WARDEN/ADMIN. HAS FIVE (5) DAY TO RESPOND IN WRITTING, AND I HAD TO FILE A GRIEVANCE TO GET A RESPONSE.

I FILED A LOST/STOLEN/DAMAGE CLAIM 9-19-19 AND I STILL HAVEN'T RECEIVED A RESPONSE YET!. ACCORDING TO POLICY 14-6 STAFF HAS FIFTEEN(15) CALENDAR DAYS.

THE KOSHER MEALS HERE ARE NOT KOSHER, AND ON A DAILY THERE ARE PROBLEMS WITH THEM. THIS IS THE ONLY CORE-CIVIC CENTER THAT COOK THE KOSHER MEALS, AND THATS WHERE ALL THE PROBLEMS ACCURE. ACCORDING TO POLICY 20-4(H)(H1) IT STATE: THE CHAPLAIN SHALL ESCORT - OTHER CLERGY TO THE COMMON FARE PARTICAPATION AREA FOR FREQUENT, RANDOM MONITORING FOR OF COMPLIANCE WITH RELIGIOUS DIETARY REQUIREMENTS. THIS KOSHER KITCHEN HAS NEVER BEEN CHECK BY A CLERGY FOR COMPLIANCE AND THERE FOR SHOULD NOT BE ALLOWED TO COOK THE KOSHER FOOD. I'VE WORKED IN THE KOSHER KITCHEN AND THEIR ARE NUMERIOUS VIOLATIONS ACCORDING TO KOSHER GUIDLINES. I'VE TALK TO THE A.W. AND I ~~IN~~ ASK WHY DON'T THEY USE THE MICROWAVE MEALS SO YOU DON'T HAVE TO COOK, AND HE INFORMED ME - THAT IT WOULD COST TO MUCH, THAT ONCE THEY SWICH OVER TO THEM MORE PEOPLE WILL WANT THE KOSHER MEAL!. THIS IS A VIOLATION OF MY RELIGIOUS RIGHTS.

I'VE SENT PAPER WORK THAT SHOW THE VIOLATIONS THAT CIBOLA CORECIVIC STAFF IS GUILTY OF. I'M HOPING THAT YOU CAN CORRECT THE VIOLATIONS OR I'LL BE FORCED TO SEEK ANOTHER AVENUE LEGAL AVENUE TO CORRECT THE WRONG.

THANK YOU

SEAN LLOYD #01720-151

Grievance No.: 2019-00400151

14-5B

## INMATE/RESIDENT GRIEVANCE

|            |                 |                     |       |
|------------|-----------------|---------------------|-------|
| FULL NAME: | MR. LLOYD, SEAN |                     |       |
| NUMBER:    | 01720151        | HOUSING ASSIGNMENT: | 340 C |

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

|   |                           |   |
|---|---------------------------|---|
| 1. Facility Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other   |

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

CORRECTIVIC AND TRINITY SERVICES GROUP, INC. HAS MADE IT VERY CLEAR THAT THEY WILL NOT CORRECT THE ON GOING PROBLEMS WITH THE KOSHER/HALAL KITCHEN SECTION. KOSHER/HALAL KITCHEN SECTION CAN NOT COOK KOSHER/HALAL FOOD DUE TO THE FACT THAT THERE IS NOT A STOVE IN THE KOSHER/HALAL SECTION. THE KOSHER/HALAL FOOD HAS TO BE COOK ON THE ONE (1) STOVE IN THE KITCHEN THAT IS NOT KOSHER/HALAL. THE KOSHER/HALAL POTS & PANS AND UTENSILS ARE NOT CLEAN IN A KOSHER/HALAL MANNER. THEY ARE CLEAN WITH ALL THE OTHER POTS & PANS IN THE KITCHEN. THE FRUIT & VEGETABLES ARE NOT CLEANED AND PREPARED IN THE KOSHER/HALAL MANNER. THE INMATES & THE TRINITY KITCHEN STAFF ARE UNEDUCATED ON KOSHER/HALAL LAWS AND DON'T FOLLOW THE KOSHER/HALAL LAWS. ACCORDING TO CORRECTIVIC POLICY 20-4(H) (HI) AND A SHARAH - REZDEK CONGREGATION RABBI DAN HAYMAN MEMO THAT STATE THAT THE FACILITY HAVE A LOCAL ORTHODOX RABBI WHO IS AN EXPERT IN KOSHER LAWS INSPECT THE FACILITY KITCHEN A FEW TIMES CON.

Requested Action: (Attach additional pages if necessary)

THAT CORRECTIVIC NOT BE ALLOWED TO COOK KOSHER FOOD  
USE PRISON MEALS A DIFFERENT CONTRACT

RECEIVED

JUL 15 2019

Inmate/Resident's Signature: Grievance Coordinator  
Date Submitted: 7/15/19

Grievance No.: 2019-504-001152

14-5B

## INMATE/RESIDENT GRIEVANCE

|            |                 |                     |       |
|------------|-----------------|---------------------|-------|
| FULL NAME: | MR. LLOYD, SEAN |                     |       |
| NUMBER:    | 01720131        | HOUSING ASSIGNMENT: | 244 C |

 INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

|   |                           |   |
|---|---------------------------|---|
| 1. Facility Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other   |

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

A YEAR TO ASSURE COMPLIANCE WITH THE REQUIREMENTS OUTLINED IN THE KOSHER GUIDELINES. THE CORRECTIVE & THIRTY SERVICES GROUP, INC. HAS NOT BEEN INSPECTED BY A EXPERT IN KOSHER LAWS. NONE OF THE FOOD HAS BEEN KRAYUT EVER, AND THE LIST GOES ON AND ON. ON 4-19-19 THE WARDEN/ADMINISTRATOR'S DECISION STATED THAT THE KOSHER KITCHEN WILL BE PROPERLY MANAGED. THIS HAS NOT HAPPENED, AND NOTHING HAS BEEN DONE. ON A DAILY O.C.C.C. AND THIRTY IS NOT SERVING KOSHER/HALAL MEALS, AND THATS A SERIOUS PROBLEM. I HAVE USED UP ALL MY LEGAL AVENUES AND NOW I AM FORCED (PLEASE VIEW 2019-504-001152-6) TO SEEK OTHER LEGAL AVENUES TO CORRECT THE WRONGS.

Requested Action: (Attach additional pages if necessary)

|  |
|--|
| THAT CORRECTIVE NOT BE ALLOWED TO COOK KOSHER FOOD |
| NICOLE MOORE A DIFFERENT CONTRACT                  |
| RECEIVED   |
| JUL 15 2019  |
| Grievance Coordinator                              |

Inmate/Resident's Signature: 

Date Submitted: 7-15-19

Page 1 of 2

White Copy: To Greivence Officer – Yellow Copy: To Inmate/ Resident File – Pink Copy: To Inmate/Resident

03/07



Grievance No.: 2019-504-00415-g 1907153  
14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Mr. Lloyd we cook items in rice cookers as you know these rice cookers were broke, I have ordered three new rice cookers To be used in the kosher area. All staff and inmates have been trained in the kosher area. We have also purchased a Warmer for that are in an effort to better serve the program.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Mr. Lloyd we will continue to make sure that this area is fully in compliance with the program

Responding Staff Member's Printed Name: Vicki Allen Title: FSD  
Responding Staff Member's Signature: [Signature] Date: 7-30-19  
Inmate/Resident's Signature (upon receipt): \_\_\_\_\_ Date: 7-30-19

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

JUL 31 2019  
FOR THE RECORD THOSE RICE COOKERS HAVE BEEN BROKE SINCE MARCH 2019 AND WE'RE STILL WAITING! WE'RE ALSO WAITING FOR A LOCAL ORTHODOX RABBI WHO IS AN EXPERT IN KOSHER LAWS INSPECT CORECIVIC (LIBOLA) FACILITY KITCHEN TO ASSURE COMPLIANCE WITH THE REQUIREMENTS OF KOSHER. I KNOW FOR A FACT THAT TRINITY STAFF HAVE LITTLE TO NO KNOWLEDGE OF KOSHER GUIDELINES, INCLUDING THE DETAINEES THAT WORK IN KOSHER. ON A DAILY THE FOOD IS PREPARED IN A NON KOSHER MANNER. NEW RICE COOKERS WILL NOT CORRECT ALL THE PROBLEMS. THAT BEING SAID, THE ONLY SOLUTION IS FOR CORECIVIC (LIBOLA) IS TO STOP COOKING KOSHER FOOD. (PLEASE SEE BACK →

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

The Rice Cookers have been ORDERED AND Received at the facility. Trinity staff are fully aware of Kosher Guidelines, and have purchased a warmer. Based on the above, I feel this issue is resolved. The warmer is in maintenance AND will be installed next week.

Warden/Administrator's Signature: [Signature] Date: 8/9/2019  
Inmate/Resident's Signature (upon receipt): \_\_\_\_\_ Date: \_\_\_\_\_



**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Mr. Lloyd we cook items in rice cookers as you know these rice cookers were broke, I have ordered three new rice cookers To be used in the kosher area. All staff and inmates have been trained in the kosher area. We have also purchased a Warmer for that are in an effort to better serve the program.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Mr. Lloyd we will continue to make sure that this area is fully in compliance with the program

Responding Staff Member's Printed Name: Victor Allen Title: FSD  
Responding Staff Member's Signature: [Signature] Date: 7-30-19  
Inmate/Resident's Signature (upon receipt): \_\_\_\_\_ Date: 7-30-19

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

JUL 31 2019  
FOR THE RECORD THOSE RICE COOKERS HAVE BEEN BROKE SINCE MARCH 2019 AND WE'RE STILL WAITING! WE'RE ALSO WAITING FOR A LOCAL ORTHODOX RABBI, WHO IS AN EXPERT IN KOSHER LAWS INSPECT CORECIVIC (LIBOLA) FACILITY KITCHEN TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF KOSHER. I KNOW FOR A FACT THAT TRINITY STAFF HAVE LITTLE TO NO KNOWLEDGE OF KOSHER GUIDELINES, INCLUDING THE DETAINEES THAT WORK IN KOSHER. ON A DAILY THE FOOD IS PREPARED IN A NON KOSHER MANNER. NEW RICE COOKERS WILL NOT CORRECT ALL THE PROBLEMS. THAT BEING SAID, THE ONLY SOLUTION IS FOR CORECIVIC (LIBOLA) IS TO STOP COOKING KOSHER FOOD. (PLEASE SEE BACK →)

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

The Rice Cookers have been ORDERED AND Received at the facility. Trinity staff are fully aware of Kosher Guidelines, and have purchased a warmer. Based on the above, I feel this issue is resolved. The warmer is in maintenance AND will be installed next week.

Warden/Administrator's Signature: [Signature] Date: 8/9/2019  
Inmate/Resident's Signature (upon receipt): \_\_\_\_\_ Date: \_\_\_\_\_

INMATE/RESIDENT GRIEVANCE

|            |                 |                     |           |
|------------|-----------------|---------------------|-----------|
| FULL NAME: | MR. LLOYD, SEAN |                     |           |
| NUMBER:    | 01720151        | HOUSING ASSIGNMENT: | 800 Alpha |

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

GRIEVANCE CATEGORY (CIRCLE ONE):

|   |                           |   |
|---|---------------------------|---|
| 1. Facility Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other   |

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

The sum and substance of this grievance is the inability of Trinity Kitchen staff to prepare ~~and~~ religious Kosher food in a C.C.C.C. Kitchen. The Kosher standards and guidelines are very strict in manufacturing and preparing Kosher food and because in the C.C.C.C. Trinity Kitchen not having a Orthodox/Rabbinical Supervision the guidelines on a daily base are not followed. Federal detainee(s) prepare religious Kosher food not constantly are not and are not supervised on a constant bases, and because of that guidelines are not followed and that cause violations. I see Kosher pots and pans, and utensils being used to cook food for the general population. Pots, pans and utensils washed with the non Kosher pots. Pots, pans and utensils that not for the Kosher food being used to prepare Kosher food. The Trinity Kitchen staff and the Federal detainee's don't follow the Jewish religion, there for don't care. C.C.C.C. and Trinity only care about making a profit. I work in the C.C.C.C. Kitchen and see the Kosher guideline violations on a daily. The bread used for the Kosher diet Bamby don't have the approval on the bread label.

Requested Action: (Attach additional pages if necessary)

I request that a ~~Orthodox Rabbi~~ outside organization of orthodox Kashruth faith be allowed to prepare all religious Kosher meals (breakfast, Lunch and dinner) for Federal detainees housed at C.C.C.C.

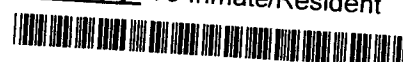
I request ~~that~~ the Trinity Food Group not be allowed to continue to prepare the religious Kosher diets.

RECEIVED

MAR 08 2019

Inmate/Resident's Signature: 

Grievance Coordinator  
Date Submitted: March 8, 2019



14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

You have raised some very serious questions. I have forwarded them to my supervisor at Trinity Food Services Group for clarification.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

When I receive their response, I will forward you any information that is available to you.

Responding Staff Member's Printed Name: V. Allen

Responding Staff Member's Signature: [Signature] Title Food Services Manager

Inmate/Resident's Signature (upon receipt): [Signature] Date: 04/01/2019

Date: 4-1-19

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

This response is not acceptable due to the fact that V. Allen don't need to get clarification that the detainees who work prepare the KOSHER DIET. Don't follow the ~~strict~~ strict KOSHER FOOD PREPARATIONS, that V. Allen is under staff to make sure that the detainees are following the KOSHER Rules. The C.C.C.C. Kitchen is NOT set up correctly for KOSHER Food to be prepared according to the KOSHER Guide Lines. I work in the Kitchen and prepare the KOSHER DIET and the way the C.C.C.C. Kitchen is set up, it's very hard. It's a few problems that the C.C.C.C. need to address A.S.A.P. Trinity can't answer or correct these problems.

APR 05 2019

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Deny. An outside organization of orthodox Jewish faith will not be contracted. However your concerns are valid and the kosher kitchen will be properly managed.

Warden/Administrator's Signature: [Signature]

Inmate/Resident's Signature (upon receipt): [Signature]

Date: 4-19-19

Date: 4-19-19



**INMATE/RESIDENT GRIEVANCE**

|                   |                 |                            |      |
|-------------------|-----------------|----------------------------|------|
| <b>FULL NAME:</b> | MR. LLOYD, SEAN |                            |      |
| <b>NUMBER:</b>    | 41150176-151    | <b>HOUSING ASSIGNMENT:</b> | 311V |

**INFORMAL RESOLUTION ATTACHED** (Not required for an emergency grievance)? ☐ YES ☒ NO

**GRIEVANCE CATEGORY (CIRCLE ONE):**

|   |                           |   |
|---|---------------------------|---|
| 1. Facing Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other   |

**STATE GRIEVANCE:** (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

I SUBMITTED A APPEAL GRIEVANCE (2019-504-00486-6) ON 8-23-19 AND DIDN'T RECEIVE RESPONSE UNTIL 9-18-19. THIS IS A CLEAR VIOLATION OF CCA POLICY 14-5. NO GRIEVANCE EXTENSION NOTICE WAS GIVEN PER POLICY 14-5. THIS CLEARLY SHOW THAT C.C.C.C. DO NOT KNOW HOW TO FOLLOW POLICY AND WHY THE KOSHER/HALAL ~~RECEIVED~~ KITCHEN IS IN VIOLATION.

**Requested Action:** (Attach additional pages if necessary)

THAT THE MARSHAL OFFICE BE NOTIFIED AND ALLOW THEM TO HAVE THE KOSHER/HALAL KITCHEN INSPECTED. ALSO HAVE CORECTIVE PRODUCE A FORM SHOWING WHEN THE LAST TIME THE KOSHER/HALAL KITCHEN AREA WAS INSPECTED BY A LOCAL ORTHODOX RABBI WHO IS AN EXPERT IN KOSHER LAWS?

RECEIVED

Inmate/Resident's Signature: 

Date Submitted: 9-18-19

SEP 19 2019



**RESPONDING STAF MEMBER'S REPORT: (Attach additional pages if necessary. All pages must include the grievance number.)**

You are correct. The grievance numbered 2019-504-00486-G did not receive a response on the appeal by the expected date. It was due on 9/11/19 and was not answered until 9/18/19. There should have been an extension done, but Grievance Coordinator did not submit the extension.

**RESPONDING STAFF MEMBER'S DECISION: (Attach additional pages if necessary. All pages must include the grievance number.)**

Grievant's favor.

Responding Staff Member's Printed Name: B. Jones Title: Grievance Coordinator

Responding Staff Member's Signature:  Date: 10/08/2019

Inmate/Resident's Signature (upon receipt): \_\_\_\_\_ Date: \_\_\_\_\_

**INMATE/RESIDENT APPEAL (Attach additional pages if necessary. All pages must include the grievance number.)**

**WARDEN/ADMINISTRATOR'S DECISION: (Attach additional pages if necessary. All pages must include the grievance number.)**

Warden/Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate/Resident's Signature (upon receipt) \_\_\_\_\_ Date: \_\_\_\_\_

# CORECIVIC/CIBOLA COUNTY CORRECTIONAL CENTER DETAINEE REQUEST TO STAFF

|   |   |
|---|---|
| <b>TO:</b> (Name and Title of Staff Member)/ <b>A:</b> (Nombre y cargo del miembro del personal)<br>Grievance Coord. B. Jones | <b>ICE (IMMIGRATION)/ INMIGRACIÓN</b><br><input checked="" type="checkbox"/> CCCC                                   |
| <b>FROM:</b> (Detainee Name)/ <b>DE:</b> (Nombre del detenido)<br>MR. LLOYD, SEAN   | <b>CHECK ONE/MARQUE UNO</b><br><b>DETAINEE IMMIGRATION NUMBER/ NÚMERO DE INMIGRACIÓN DE DETENEDOR:</b><br>01720-151 |
| <b>UNIT/ UNIDAD:</b><br>RXHXUX  | <b>DATE/FECHA:</b><br>10-14-19  |

**Subject:** Briefly state your question or concern and the solution you are requesting. Be as specific as possible.  
**Asunto:** Describa brevemente su pregunta o preocupación y la solución que está solicitando. Sea lo más específico posible.


Can you please inform me per policy, when a grievance form, disciplinary appeal form, or a property stolen/damage/lost claim form response is past due its prescribe time, what penalty is issued? Disciplinary Grievance No. 2019-504-00486-G & 2019-504-00565-G both were in violation of Policy 14-5 prescribe time frame for a response and No penalty was enforced, why? If a USMS detainee submit any one (1) of the above listed forms past its prescribe time frame, that form will be considered NULL. If USMS detainees can be penalized for violating a prescribe time frame per Policy, then Cibola CoreCivic staff should be penalized as well. IF not then Policy giving time prescribe time frames for responses are useless!!!

DO NOT WRITE BELOW THIS LINE/ NO ESCRIBA DEBAJO DE ESTA LINEA

**DISPOSITION:**

*we are making every effort to meet the deadlines*

*Milia Dominick*

|  |                                |
|--|--------------------------------|
| <b>SIGNATURE OF STAFF MEMBER:</b><br> | <b>DATE/FECHA:</b><br>10-18-19 |
|--|--------------------------------|

14-5B

Grievance No.: 2019 844 20010-6  
1910096

## INMATE/RESIDENT GRIEVANCE

FULL NAME:

MR. LLOYD, SEAN

NUMBER:

B1700151

HOUSING ASSIGNMENT:

R-H-V.

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

|   |                           |   |
|---|---------------------------|---|
| 1. Facility Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other   |

PERSONAL PROPERTY

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

I SUBMITTED A 14-60 LOST/DAMAGED/STOLEN PROPERTY CLAIM 9-20-19 ITS NOW 10-8-19 EIGHTEEN(18) DAYS LATER AND I HAVE NOT RECEIVED A RESPONSE TO MY CLAIM. ACCORDING TO C.C.D.C. POLICY 14-6 I MUST RECEIVE A RESPONSE WITHIN FIFTEEN(15) CALENDAR DAYS OF SUBMISSION. ITS NOW PAST FIFTEEN(15) DAYS AND I WANT TO KNOW ABOUT MY CLAIM?

I HAVE THE R-H-V. 4/0 MY B17-60 CLAIM FORM 9-20-19

Requested Action: (Attach additional pages if necessary)

THAT THE 14-60 LOST/DAMAGED/STOLEN PROPERTY CLAIM  
BUT I SUBMITTED OR GIVEN TO ME NOW

RECEIVED

OCT 09 2019

Grievance Coordinator

Inmate/Resident's Signature: \_\_\_\_\_

Date Submitted: 10-8-19

03/07





**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Your 14-6D Lost/Damaged/Stolen Personal Property claim has not been answered and is late. It will be answered as soon as possible, expectation is by October 18. However, if it is approved in any way, it will go to an Assistant Warden for approval. This means that you will not necessarily get your response at that time. But it will be expedited as much as possible.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Grievant's favor.

Responding Staff Member's Printed Name: S. Woodard

Title Chief of Unit Management

Responding Staff Member's Signature: [Signature]

Date: 10/16/2019

Inmate/Resident's Signature (upon receipt): [Signature]

Date: 10-16-19

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

THIS IS A VIOLATION ~~TO~~ OF MY DUE PROCESS RIGHTS BY CIBOLA CORECIVIC STAFF. ONCE AGAIN CIBOLA CORECIVIC STAFF FEEL & THINK THAT POLICY DON'T APPLY TO THEM CAUSE THEY CONTINUE TO VIOLATE THEM. POLICY GOVERN THE USMS DETAINEE AND IT GOVERN CIBOLA CORECIVIC STAFF. WHEN I VIOLATE POLICY I RECEIVE A PENALTY AND THIS ACTION MUST BE ENFORCED TO CIBOLA CORECIVIC. IF NOT, THEN WHY HAVE POLICY IF IT'S NOT GOING TO BE ENFORCED AGAINST BOTH PARTIES?.

OCT 18 2019

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

I will address this with all Department Heads.

Warden/Administrator's Signature: [Signature]

Date: 11/5/2019

Inmate/Resident's Signature (upon receipt): [Signature]

Date: \_\_\_\_\_

Grievance No.: 200-541-1259-6  
1710095-621

14-5B

## INMATE/RESIDENT GRIEVANCE

|            |                 |                     |       |
|------------|-----------------|---------------------|-------|
| FULL NAME: | MR. LLOYD, SEAN |                     |       |
| NUMBER:    | 21726-151       | HOUSING ASSIGNMENT: | R-H-U |

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

|   |                           |   |
|---|---------------------------|---|
| 1. Facility Staff   | 8. Dental Services        | 15. Housing   |
| 2. Access to Legal Materials                                | 9. Mental Health Services | 16. Laundry   |
| 3. Denied Access to Informal Resolution/Grievance Process   | 10. Trust Account         | 17. Recreation  |
| 4. Reprisal for Using Informal Resolution/Grievance Process | 11. Commissary            | 18. Visitation  |
| 5. Safety/Security  | 12. Food Service          | 19. Programs-education, work, religious, etc.   |
| 6. Sanitation   | 13. Mail                  | 20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights) |
| 7. Medical Services   | 14. Intake                | 21. Other <u>Disciplinary</u>   |

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

I SUBMITTED A ~~BASELINE~~ APPEAL TO A DISCIPLINARY DECISION GIVEN BY P. LOPEZ (D.H.O.) TO COUNSELOR SAKANO IN THE R-H-U POD WED. OCT. 2. ACCORDING TO C.C.C.C. POLICY 15-2 THE WARDEN/ADMINISTRATOR HAS FIVE(5) DAYS TO RESPOND TO THE APPEAL IN WRITING. WELL TODAY IS 10-8-19. THIS IS A VIOLATION OF C.C.C.C. POLICY 15-2

Requested Action: (Attach additional pages if necessary)

THAT P. LOPEZ DECISION ON A DISCIPLINARY WRITE-UP BE REVERSED.

RECEIVED

OCT 09 2019

Grievance Coordinator

Inmate/Resident's Signature: 

Date Submitted: 10-8-19



Grievance No.: 2019-504-00628-G

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Warden Judd was out of the facility and did receive your appeal on October 10 or 11, after her return. Her response was submitted on October 14, 2019.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Not Grievant's favor.

Responding Staff Member's Printed Name:

S. Woodward

Title

Chief of Unit Management

Responding Staff Member's Signature:

Date:

10/16/2019

Inmate/Resident's Signature (upon receipt):

Date:

10-16-19

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

OCT 18 2019

ACCORDING TO POLICY 15-2 IT CLEARLY CLEARLY STATE THAT THE WARDEN/ADMINISTRATOR IS TO RESPOND TO THE APPEAL IN WRITING WITHIN 5 DAYS OF THE APPEAL. IF FOR SOME REASON THE WARDEN WAS UNABLE TO RESPOND WITHIN THE PRESCRIBED TIME FRAME, THEN POLICY 15-2 GIVE THE ADMINISTRATOR THE AUTHORITY TO RESPOND WITHIN THE PRESCRIBED TIME FRAME. I HAVE YET TO RECEIVE A RESPONSE IN WRITING FROM THE WARDEN/ADMINISTRATOR!!!. THIS IS A CLEAR VIOLATION OF MY DUE PROCESS RIGHTS. CIBOLA CORRECTIVE STAFF IS CONDUCTING THEMSELVES TO AS IF POLICY AND FEDERAL LAW DON'T APPLY TO THEM.

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

you are correct. the grievance should have been addressed by the AW that was left Acting during my absence. I will address this with my secretary for future.

Warden/Administrator's Signature:

Date:

11/15/2019

Inmate/Resident's Signature (upon receipt):

Date:

**INCIDENT STATEMENT**

|                 |                                   |                        |  |
|-----------------|-----------------------------------|------------------------|--|
| <b>Facility</b> | Cibola County Correctional Center | <b>Incident Number</b> |  |
|-----------------|-----------------------------------|------------------------|--|

|                      |            |                            |         |
|----------------------|------------|----------------------------|---------|
| <b>Incident Date</b> | 10/09/2019 | <b>Incident Time (HRS)</b> | unknown |
|----------------------|------------|----------------------------|---------|

| Person Name  | ID Number<br>(Employee #/Inmate #/Civilian ID) | Person Type<br>(Employee/Inmate/Civilian) | Person Role<br>(Witness or Participant) |
|--------------|--|---|---|
| Birdie Jones | 1824204  | Employee                                  | Participant                             |

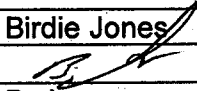
|  |  |
|--|--|
| <b>Housing Location (For Inmates/Residents Only)</b> |  |
|--|--|

|   |
|---|
| <b>Based on your own knowledge, what did you see, hear, and do?</b> |
|---|

Today, 10/09/2019, I, Grievance Coordinator Birdie Jones, received a grievance in which the grievant claims it is an emergency. There is no threat of imminent harm to inmate, so I have determined that this is not an emergency grievance. The grievance is number 2019-504-00628-G from Inmate Sean Lloyd #01720151.

|  |    |
|--|----|
| <b>Did you receive any injuries? YES or NO (If YES, Explain Below)</b> | NO |
|--|----|

|   |    |
|---|----|
| <b>Were you evaluated by medical? YES or NO</b> | NO |
|---|----|

|                      |   |              |          |
|----------------------|---|--------------|----------|
| <b>Printed Name:</b> | Birdie Jones  | <b>Date:</b> | 10/09/19 |
| <b>Signature:</b>    |  | <b>Date:</b> | 10/09/19 |
| <b>Typed By:</b>     | B. Jones  |              |          |

**This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C**

Place an "X" in the appropriate box:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Inmate/Resident refused to complete this 5-1C |
| <input type="checkbox"/> | Civilian/Other refused to complete this 5-1C  |

|                                      |  |             |  |
|--------------------------------------|--|-------------|--|
| <b>Employee/Witness Printed Name</b> |  | <b>Date</b> |  |
| <b>Employee/Witness Signature</b>    |  |             |  |

|                                      |  |             |  |
|--------------------------------------|--|-------------|--|
| <b>Employee/Witness Printed Name</b> |  | <b>Date</b> |  |
| <b>Employee/Witness Signature</b>    |  |             |  |



MR. LLOYD, SEAN # 01720151

C.C.C.C.

PO BOX 3540

MILAN NM 87021-3540

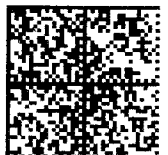
Inmate # 01720151  
CIBOLA COUNTY CORRECTIONS  
P.O. BOX 3540  
MILAN NM 87021

MR. RICHARD REIFENSCHIED

D.M.I.

333 LOMAS BLVD. N.W.

ALBUQUERQUE, NM. 87102



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